

## **Request Form for an Originating Agency Identifier (ORI) Or to Update Current ORI Information**

In order to access information from NCIC, NLETS and LEDS via CJIS, agencies are required to have an Originating Agency Identifier. This identifier consists of a series of letters and numbers. Example: OR024015Y, which is LEDS' ORI. Your level of access to information through our system is dependent upon your agency's mission and statutory authority as mandated by Federal and State regulations.

To request an ORI you will be required to furnish us with certain information on your agency letterhead. You'll need to outline how you plan to utilize our system. Example: if you're a police department, you'd need the ability to run motor vehicles for registration, inquire upon driver's license information; see if persons are wanted, on probation, parole, etc.

If you are a non-terminal agency we'll need to know the agency name, contact name, phone and fax numbers, LEDS representative and ORI of the agency who'll be conducting inquiries using your ORI. Do you have a letter of agreement with them so they are authorized to use your ORI?

### **To mail in documentation:**

Attn: LEDS Director – ORI  
Criminal Justice Information Services  
PO Box 14360  
Salem, OR 97309-5074

### **To e-mail documentation:**

[ssciarr@osp.state.or.us](mailto:ssciarr@osp.state.or.us) - Subject: LEDS Director - ORI

### **To fax documentation:**

503-364-2661, Attention: CJIS Director - ORI

If you have any questions about filling out the below information please contact our CJIS Operations Staff at 503-378-5565 and they'll be glad to assist you, or put you in contact with another member of our organization.

### **Instructions for completing the below form when submitting a request for a New ORI or to Update a Current ORI.**

This is a Microsoft Word document and all you need to do is **TAB** not **ENTER** through each field and enter information. Note that after you've completed the last item and you hit the TAB key it will take you to the beginning of the form. After completing document save to your computer.

You then can do one of the following:

- ❖ Print and mail to above address
- ❖ Send as an attachment via e-mail to: [ssciarr@osp.state.or.us](mailto:ssciarr@osp.state.or.us)
- ❖ Print and fax to 503-364-2661

### **Need to obtain an ORI?**

If you are requesting an ORI please fill in every field on this form (*except the ORI field*) and follow the above instructions for submission.

### **Already have an ORI?**

If your agency currently has an ORI please fill in ONLY the information that has changed. Follow the instruction for submission on this page.

**Date of Submission:**

**NOTE – All fields for each section being updated must be completely filled out**

**Agency Name:**

**ORI (s):**

**Address, Physical:**

**City, Physical:**

**State:**

**Zip (Physical):**

**Fax number(s):**

**Hours of operation:**

**E-mail address:**

**Website address:**

**Address, PO Box:**

**City, PO Box:**

**Zip (PO Box):**

**Administrator Name  
& Title:**

**Effective Date:**

**Former Admin. :**

**Phone numbers:**

**Fax number:**

**E-mail address:**

**Work Days & Hours:**

**LEDS Representative:**

**Effective Date:**

**Former LEDS Rep :**

**Phone number:**

**Fax number:**

**E-mail address:**

**Work Days & Hours:**

**UCR Representative:**

**Effective Date:**

**Former OUCR Rep :**

**Phone number:**

**Fax number:**

**E-mail address:**

**Work Days & Hours:**

**Technical Contact:**

**(Person responsible for maintaining your computer system and connections)**

**Day Phone number:**

**24/7 Phone number:**

**Pager:**

**Fax number:**

**E-mail address:**

**Work Days & Hours:**

**Statutory Authority:**

**# of LEDS terminals:**

**\*Terminal Identifiers:**

**\*You may need to get this information from your technical staff**